# Citizen Advisory Group Report

## Discussion and Review of Sexual Abuse Principles, Boundaries Standard, and Strategic Plan

November 26, 2016
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# Introduction

### *Who we are*

The Citizen Advisory Group (the Group) was formed to bring the patient's voice and perspective to the College of Physiotherapists of Ontario. While it is not a decision-making group, it was established to obtain direct feedback from patients with physiotherapy experience on policy, standards consultation and on communications resources directed at the public.

### *What we do*

The Group meets twice a year in facilitated, day-long meetings held at the College in Toronto. The Group is asked to collectively provide their feedback and insight as to the kind of information should be available from patients on the Public Register, the College website, and about rules for physiotherapists in practice and other physiotherapy related matters.

### *Overview of the meeting*

On November 26, 2016, the Citizen Advisory Group convened to provide input on three issues:

1. Development of Sexual Abuse Principles
2. Review of Boundaries Standard
3. Feedback on Strategic Plan activities

Readers should note that these facilitated sessions are not representative of all physiotherapy patients or Ontario citizens, but are meant to collect qualitative data input on issues arising from the College's mandate.

# 1. Sexual Abuse Principles

The Citizen Advisory Group was asked to provide input to the College on the development of sexual abuse principles that would provide a foundation for the College's approach to sexual abuse.

Goal of discussion: To develop four to seven ideas for sexual abuse principles that will provide general guidance to the College when considering sexual abuse concerns.

## Part one: What challenges does the College face in preventing and responding to sexual abuse?

The Facilitator asked the group to think of the challenges that the College might face in its efforts to prevent and respond to sexual abuse by its members. The ideas put forward have been divided into broader themes.

### i. *Insufficient understanding of sexual abuse and boundaries*

Defining sexual abuse is a challenge in itself. The understanding of what constitutes abuse is individualized and personal, which creates lots of potential for conflict. People have different values, standards, and life experiences that inform what they understand as abuse or a boundary violation. The fact that the rules for what constitutes sexual assault are different for different professions is confusing and does not empower patients to understand professionals' treatment of them.

The **lack of education on sexual abuse and boundaries** is a related issue. Clients, the public, future physiotherapists, and current physiotherapists should be educated on definitions and the finer points of the regulation. This education must be framed differently for each of these stakeholder groups. A specific concept that was put forward as a focus for education is the issue of transference in long-term therapeutic relationships. When a patient is in rehabilitation with a professional for a long time, it becomes easy to transfer emotions onto the professional. One member felt that physiotherapists' education does not focus sufficiently on transference, relative to physicians and nurses.

There is the **potential for conflict of norms and expectations** in dealing with patients with diverse lived experiences and identities. These experiences and identities shape people's understandings of what constitutes a violation. These could be informed by gender, culture, or religion, or even generational disagreements about what constitutes abuse.

The College may have difficulty **communicating regulations and patient rights to the public.** This is explained by the fact that many people access physiotherapy services in private clinics and not public health settings, which makes disseminating information more difficult.

### ii. *Regulatory Colleges are not the best-equipped to respond*

There is a concern that **regulatory colleges lack the particular expertise** to deal with questions of sexual abuse. They are health profession regulators, not experts in matters dealing with emotions or relational dynamics, and which require separating feelings from facts. The nature of sexual abuse is different from a billing dispute.

Related to this is the **worry about starting from scratch** and creating a brand new policy without a clear idea of the substantive and procedural requirements that should inform it.

### iii. *Lack of consideration of patients' interests*

This issue did not come up until later in the discussion. Some participants expressed the idea that the **College does not have the best interests of the patients in mind.** The members of the organization are the physiotherapists, who pay dues, and not the public. The complaints/discipline process is understood as lengthy, obscure, and the punishments handed down are seen as too light. The idea that disciplinary proceedings are held behind closed doors and the public is given no information unless there is a finding is guilt is identified as problematic.

The **absence of client services and support** is a major issue. There are no legal or counselling services for the client, who is usually unrepresented. The client must relive the experience when they are asked to explain the event to each employee of the College who calls, because there is no centralized case management system. Since the physiotherapists pay the College to operate and look out for their interests, they would be unlikely to pay to fund clients to litigate against them.

All of the above leads to the **reluctance of victims to come forward.** This has a gender component, as women are generally more hesitant in bringing accusations forward because many see that in criminal cases, the complainant is treated harshly. There is the perception that the guidelines for investigating and prosecuting sexual abuse would be similar and that the College is there to protect its members, which creates a poisoned atmosphere.

A participant brought up the provincial government's recommendations to establish a body that would investigate sexual assault claims across all regulated health professions, but the College does not know when this will become a reality due to the legislative change that is required first.

### iv. *Inflexible discipline options*

The lack of grey shades in the policies inhibits the College from properly assessing the nature of a physiotherapist's actions and for determining a proportionate sanction. There is the sense that physiotherapists must either be completely innocent of sexual abuse, or found guilty and will automatically lose their license, and this is understood as being too harsh.

Related to the previous theme, some clients are reluctant to come forward about abuse because they believe that it is better to say nothing than to falsely accuse someone of abuse. If a client believes that their physiotherapist did something inappropriate, they may not want to report them because they do not want the physiotherapist to lose their license. There is no way to communicate to the professional that what they did was wrong short of a full-blown investigation and disciplinary hearing.

### v. *Protection of physiotherapists*

The protection of physiotherapists from false accusations and rumours is also a challenge. The idea that clients are often the "instigators" of sexual abuse and harassment against professionals. The College must empower practitioners to assert their boundaries and protect themselves from false allegations. Physiotherapists should also be educated on mental health issues and drugs with certain psychotropic side-effects that might induce clients to behave inappropriately.

Social media has also become a potential arena for conflict, with patients being able to advocate for themselves outside of the established channels. The example was raised of an aggrieved client taking the matter into their own hands and posting about alleged abuse on Facebook, in response to the lengthy process or an unfavourable outcome.

### vi. *Other issues*

- There is a major challenge in small, rural, and remote communities, which is that complaining about abuse by a physiotherapist is very difficult if they are the only one in the region.
- The fact that the College does not require applicants to disclose their history of abuse in the profession or criminal sanction may permit individuals with histories of abuse to enter the physiotherapy profession.
- One participant raised the issue of how the College could actually think about preventing abuse and not merely responding to it when it happens. They wonder if it is actually possible to put regulatory/monitoring systems in place, beyond principles, that could minimize the potential for abuse.

## Part two: What actions can the College take to address these challenges?

The Group was asked to think of the challenges that were most important to them and to come up with specific actions that the College could take to address them. Once the list of actions was made, the Group members then ranked all of them in order of priority for the College.

Highest priority

i. *Education on sexual abuse*

The College should invest in education on sexual abuse, which is identified by the Group as the most important action to address the problem, by a significant margin. This learning should be for the patients, the practitioners, and the representatives of the College itself. The College should be up-to-date with ongoing issues before its own and other Colleges. It should be constantly updating and amending its policies to ensure that all departments are aware and in compliance.

High priority (no particular order)

ii. *Make members responsible for informing patients about rights*

The College should place the onus on physiotherapists to communicate to their patients about the existence of the College, the Sexual Abuse and Boundaries Standard, and their right to file a complaint in response to abuse or impropriety. The College should create information sheets and require physiotherapists to hand them out with the intake form or with the bills. This achieves several goals at once: empowering and protecting the public, protecting physiotherapists from unsubstantiated allegations of abuse, and promoting the College.

iii. *Appoint a mediator for quicker resolution*

The College should make an impartial mediator available as a first resort. When an incident occurs, the patient should be able to choose to address their concerns to the physiotherapist quickly, rather than having to go into a lengthy inquiry and hearing. Often times, a person who has been harmed just wants to be heard in a timely manner and would be satisfied by this.

iv. *Advocate for standardized expectations across regulated health professions*

The College should advocate making sexual abuse regulations standardized across the regulated health professions. Patients should not be subjected to different standards for the same behaviour.

v. *Ensure proportionality between actions and sanctions*

The College should ensure that the definitions and standards for sexual abuse and impropriety ensure that the punishment fits the wrong done. One group member suggested a layered approach that would consider the range of "sexualized" behaviour that may have taken place. This behaviour approach would encourage clients to come forward.

Further goals

vi. The College should **provide financial and emotional support to the complainant** during the investigation and hearing process. It is inequitable that the physiotherapist is represented but the patient is not. Something like Victims Services (used in criminal cases) could be developed to provide patients with an advocate and the College could make some provision for counselling/therapy.

vii. The College should ensure that there is **one point of contact for complainants,** a position akin to a **case manager**. Currently, complainants are forced to re-live the experience of abuse or impropriety every time they interact with the College because different staff members are handling the file. This could be

avoided by assigning one responsible person to each complainant, who is responsible for knowing the patient's story and the details of the complaint.

viii. The College should **educate its members about mental health issues and the side effects of certain drugs**. One participant raised the concern about potentially unpredictable behaviour by clients who are experiencing mental health distress or psychotropic side effects of certain medications, such as cholesterol medication. Educating physiotherapists on how to identify these behaviours could minimize conflict.

## 2. Boundaries Standard

The Citizen Advisory Group was asked to provide input to the College on the review of the Standard on Therapeutic Relationships and Professional Boundaries (Boundaries Standard). The College is in the process of reviewing all of its Standards and as part of this comprehensive project, staff has begun the work on reviewing the Boundaries Standard. The staff believes that obtaining the input of the Group on this standard is very important since much of the content of the standard focusses on the appropriateness of the relationships between physiotherapists and their patients.

**Goal of discussion:** **To obtain feedback from the patient's perspective on the current Boundaries Standard.**

### Part one: What are the goals and requirements of the Boundaries Standard?

The Facilitator asked the group what seemed most important about the Boundaries Standard and what it needed to do in order to accomplish its goals.

**The Boundaries Standard is important for:**

#### *Establishing the lines that should be respected*

The Boundaries Standard allows for professional behaviour to be maintained. The rules are defined and set in place to make boundaries known, maintained, and followed, which should result in fewer conflicts down the line.

There was a discussion about why the therapeutic treatment of family members is banned. It is discouraged because the emotional attachment that family members have to one another impairs a health practitioner's ability to be neutral, which undermines their ability to provide the best standard of care. It may be harder for a practitioner to confront a family member who should change their behaviour, or a practitioner may bring their personal biases and act harshly towards a loved one. It makes billing for services uncomfortable. It is in the interest of the profession to avoid conflicts of interest, whether real or perceived. Conflicts of interest interfere with professionalism because you have other interests beyond providing the best care for the public, for example helping family members skip the queue. It could even rise to the level of fraud, such as filling out medical forms for social benefits.

#### *Avoiding the consequences of unequal relationships*

The Boundaries Standard is important because it prevents uncomfortable relationships and exploitation between physiotherapists and patients, which often end badly for both parties, even when things start off

well. The patient is especially at risk, because their personal health information is known to the practitioner and they can be exploited by them on this bases.

### *Ensuring the highest quality of care for the patient*

Even beyond the unequal power dynamics of relationships between physiotherapists and intimate associates, the patient will likely not receive the best standard of care from a person that they are personally associated with. Patients will more readily accept advice from a neutral third party than a friend, which means that their health outcomes will be better.

To ensure that it meets the goals outline above, the Boundaries Standard must:

### *Set realistic expectations*

The Standard must take into account the real ways that people form relationships with one another. The requirement for physiotherapists to wait two years before dating patients was considered to be not realistic by most participants.

### *Be accessible for both professionals and patients*

There should be versions of the rules written for the two different audiences/stakeholders. Most health regulators seem to place the onus on the professional to define and maintain boundaries. The College should allow the patient to understand what the rules are, what is acceptable and what is not, and ensure that the professional understands too, even if it is framed in different language.

### *Provide clear definitions*

The definitions must be clearly defined for the Standard to be clear, for example the difference between being "friendly" and being friends.

### *Use illustrations and examples*

One suggestion for making the definitions as clear as possible is to make more use of scenarios and case summaries. The participants found those that were provided in the reading materials very helpful. These could assist both professionals and clients to bring boundaries issue from the theoretical to the practical.

## Part two: What changes can the College make to make the Boundaries Standard more effective?

### i. *Clearer definitions of concepts*

The definition of **"emergency"** in the context of physiotherapy, such that would permit members to treat their family members, was one of the first to be flagged. Most participants are doubtful that such thing even exists. One participant brought up a certain physiotherapy manoeuvre that alleviates her dizziness. Rod Hamilton, Associate Registrar, Policy & Quality Assurance, intervened to say that a practitioner with broader medical knowledge would provide better treatment in such as case.

The definition of "**family"** and how far it extends was also unclear to the group. Rod clarified that family means any person that related to you in such a way that your judgement would be impaired.

### ii. *Dating a patient*

Dating a patient was a popular topic of discussion. The rule should be cross-referenced to the new Sexual Abuse Standard but also remain in the Boundaries section. The Facilitator took a straw poll on the reasonableness of the two-year dating probation. Initially, half the group thought it was a good rule, a third thought two years was excessive, and the rest did not vote. Initially, some believed that the evaluation should be a subjective analysis of the relationship, for example if a patient has one only session with a physiotherapist and six months later, they meet and hit it off. In this case, only two participants felt it was a good rule. However, Rod brought up the fact that these relationships are never a problem when people are in love, but the problems arise when the relationship ends, and people realize that they were in an improper situation. Even after one session, the physiotherapist still has access to the patient's health information. After further discussion, more people were willing to see the two-year prohibition as reasonable.

### iii. *Patient-centred approach and accessible document*

The existing Boundaries Standard relies on the professionals to create and maintain boundaries. This means that they are better able to cross the boundaries when they choose to, because they created them. The patient is missing in this equation as it is mostly framed as protecting physiotherapists from the consequences of boundary violations. The new Boundaries Standard should take a **patient-centric approach.**

An **accessible version of the document for patients** should also be produced, with tailored examples, plain language, and clear guidelines on what to do if a boundary has been crossed. Explaining and illustrating scenarios such as, "Why won't my physiotherapist accept my gift for their new baby?" or "What kind of gift is appropriate to receive from a physiotherapist?" would be helpful.

### iii. *Further recommendations:*

- The College should place greater emphasis on the idea of the **reflexive practitioner**, which is already in the standard but merits greater prominence.
- The College should explore potentially new subjects of boundary violation, such as a possible **requirement to continue care.** One participant knew someone who had a long history of care with a chiropractor, who declined to continue treating her after she was diagnosed with cancer. This person received no sufficient explanation for the denial of service. Is abandoning a client in this way a boundaries violation?

# 3. Strategic Plan

## Meeting with the Registrar of the College

The Registrar of the CPO, Shenda Tanchak, addressed the Citizen Advisory Group as an introduction to this final discussion. Shenda acknowledged the significant contributions that the Group members have made and thanked them sincerely for their continued participation. She explained that this advisory process is the first time that the College has liaised directly with members of the public without any physiotherapists participating and ensured the group that the College takes the process very seriously.

The recommendations put forth by the Group are taken to Council, the College's decision-making body, and even the Federation of Regulatory Health Colleges of Ontario (FRHCO), the umbrella organization of the 26 regulated health professions in Ontario. Lisa Pretty, CPO Director of Communications, gave a full presentation on the Citizen Advisory Group's work at the most recent FHRCO conference in November 2016. The CPO is the envy of the other professions, as a few have tried to consult with members of the public but have not been able to obtain this level of input.

> "[Health care professionals] entered into the profession because of us, the patients. Some of them may lose their way and some of them need refreshers. So we are here today to make us all safer, and hopefully make it easier for health professionals, too."
> – Shenda Tanchak, Registrar of the CPO

Shenda explained her personal investment in the particular topics of discussion before the group that day. She worked as a lawyer in private practice until she left to work with the College of Physicians and Surgeons of Ontario, specifically to investigate sexual assault complaints because of her belief that complainants and victims did not get a "fair shake" in the process. Her personal philosophy continues to inform her work with the CPO: "[Health care professionals] entered into the profession because of us, the patients. Some of them may lose their way and some of them need refreshers. So we are here today to make us all safer, and hopefully make it easier for health professionals, too."

Advisory Group members expressed their gratitude for having had the opportunity to participate and to be addressed directly by the Registrar. The Group members' thoughts are summarized as follows:

- The process feels very useful and practical: "To see that there's action that follows, and doesn't just stay in a folder named "Feedback 2016", is really rewarding."
- Participants like real agents in the process: "It doesn't feel like tokenism or just ticking a box because 'this would look good.'"
- The capacity to guide the process feels empowering: the Group appreciates that the facilitator asks them how they want the discussion to proceed and the outcomes are shared.
- It feels like a partnership and a collaboration.
- There is a real feeling of excitement and people feel validated by the process.

## Part one: What are the top challenges for patients in ensuring the quality of their care?

Of the College's three strategic goals, Shenda explains that the focus of that the day was the goal to "Increase the value and awareness of the services the College provides for Ontarians." The College has a privileged role as a point of interaction between both the physiotherapists and the patients. The Registrar knows that there are issues that the College is missing from the discussion and asks the Group for help in identifying them. The Council prioritizes its goal of bringing more meaning to the role of health regulator, and plans to do this by identifying tangible services that the College could provide.

The Facilitator asked the Group prompting questions to help generate discussion on the challenges for identifying the challenges that patients face in ensuring that they receive quality care:

*What is a good physiotherapist?*
*How do you evaluate your physiotherapy treatment?*

*What impediments are there to making complaints about a physiotherapist?*

The challenges faced by patients in ensuring that they receive quality care are:

### *Difficulty of evaluating a subjective standard*

Again, the **lack of definitions** is key. What is good care? The definition is subjective and will change from patient to patient. Some may mistake amicability for good care; alternatively, some may feel that practitioners who are brusque and businesslike must be experts. Good care may be "speedy" care, e.g. "I saw a physiotherapist three times and I didn't have to come back."

Without a clear definition, there can also be **no tools with which to evaluate** it. One participant said that he can evaluate if the care was good if they got better. When they don't get better, it's not always clear whether the condition is simply not treatable or whether a different physiotherapist could have achieved a different result. When they do get better, they are also not sure whether it was due to the care or because of the passing of time. When patients are paying for services out of pocket, they will be reluctant to try out new services based on a suspicion that they cannot verify.

This leads to the problem of patients being **unable to understand their responsibilities for putting in work**. Some people seek physiotherapy services with the expectation that the physiotherapist will "fix them," not appreciating that they will have to put in regular effort doing the exercises at home. This can lead to conflict.

### *Patients lack voice and bargaining power*

Patients are often likely to accept any care that's given to them due to the overwhelming fact that they have to go to physiotherapy in the first place. Some **patients do not know that they deserve better care** because they do not have the awareness. Even if they do, **few have the resources to advocate for themselves** or find better care (time, education, emotional energy).

Referrals from family doctors are hard to assess or complain about. One patient said that when a family doctor makes a referral to someone that the patient does not want to see, the patient has the choice to either not see the specialist or argue about it with the family doctor. Either way, "**you're labelled as a difficult patient**." This status limits people and patients are hesitant of getting this reputation.

The **burden is on patients to obtain and communicate information** between the portal, family doctor, physiotherapist, and other health care providers or government agencies. "[Patients are] the FedEx of the medical system," one patient said, referencing the responsibility of patients to ensure that all of the relevant service providers have the information they need to act.

Patients **are not seen as equal partners** and asked to be engaged in the process. Physiotherapists and other health care professionals discount the extent to which patients are integral to the provision of good care.

> "You bring the expertise about yourself, your journey, and your experience."
> – Citizen Advisory Group member

### *Some professionals not good at obtaining informed consent and managing expectations*

One participant highlighted the lack of informed consent. They want physiotherapists to engage with them at their level of knowledge, explaining clearly what therapeutic actions are being taken, the result that is expected to be seen over a specific period of time, and the specific actions to be taken if the treatment is unsuccessful. It is not always clear what the physiotherapist is doing to patients and what their limitations are. Patients cannot meaningfully agree without a specific plan being properly communicated to them.

Some professionals are not good at managing patients' expectations and setting boundaries. Even if the treatment is not successful, they should explain that this is as far as their services can take them and that there is no benefit from the patient enduring more (potentially painful) treatment or paying more money. There is the sense that some professionals are either afraid to do this, or in the worst case scenario, some encourage endless treatment and sale of products to ensure steady returns.

### *Lack of knowledge of which health service should be sought*

The Registrar asked the group if they knew when they should go to see a physiotherapist or another health care provider such as an occupational therapist, chiropractor, or their family doctor. Some participants said that they would make their own evaluation in the moment; some said it would depend on who they could get in to see the fastest; others said that they would never go to a given professional.

One participant said that physiotherapists are the most commonly known healthcare professionals outside of doctors and nurses: "The average person would say, 'I'm going to a physiotherapist," because that's the name they know. They don't know the functions of other professionals like kinesiologists or occupational therapists." This dearth of knowledge disempowers patients from making the right decisions, inhibits their ability to seek the right treatment or combination of treatments, and increases the potential for conflict over mishandled expectations.

### *Other challenges*:

- Patients have difficulty finding the right specialist or practice for their particular needs. The only way that the participants knew of for finding someone who provides a specific treatment was through word of mouth. One participant wanted hands on therapy that would not hurt her neck and only found a therapist who practiced this by chance.
- Some physiotherapists do not make patients feel like they are accountable to their own treatment.
- Evaluating care in light of the different realities of private and public clinics is challenging. There is an idea that private clinics are happy to keep patients coming back endlessly, especially when they are covered by insurance, whereas public clinics are all too happy to get rid of patients.
- The resource gap for physiotherapists in small communities is a challenge for patients to ensure the quality of care. One participant shared a story about the physiotherapist in her town not being aware of a particular issue she was struggling with. The patient was able to advocate for herself and the physiotherapist mitigated this by calling the previous clinic she had been to and setting out the limitations of the treatment she could give.
- The standards of quality care do not apply to the clinic but only the practitioners. Often a clinic may be ill-equipped or the support staff interacts badly with the patients, but the staff and the centre itself is not held to the professional standard.

- Lastly, there is the problem of certain treatments precluding patients from seeking other treatment. Some practitioners do not want to disrupt treatment that is already ongoing and there is no obligation for the practitioners to collaborate in making a transition plan. This forces some patients to see their existing treatment through to the end, even if they don't want to.

## Part two: What actions can the College take to address these challenges?

The Group was asked to come up with recommendations for the College that would allow it to address the challenges that inhibit the public from knowing about the services that it can provide to them. Again, the Group ranked the recommendations by order of priority.

The Registrar explained that any reforms would not be immediate and that the College may need about three years to bring them to life. The Group was very understanding about the limitations.

> "Until I got a job with the [regulated health college], I didn't even know they existed, let alone what they did."
> – Citizen Advisory Group Member

Highest priority

### i. *Patient education on standards of care*

The College should prioritize patient education, which is identified as the number one concern of the Citizen Advisory Group. Patients need to know what to expect from a physiotherapist, how they should be involved in treatment planning, how much time is typically spent receiving particular services, etc. The College has a "captive audience," i.e. the patients at every physiotherapy session. The public can be reached by requiring physiotherapists to display posters prominently or distribute handouts with intake forms or bills.

### ii. *Raise awareness of College and standards through media*

The College should develop a comprehensive media strategy, the second most important priority which relates directly to the first. There were many ideas on how to leverage traditional and new media to advertise the existence of the College, its role, and what it can do for patients. Beyond this, the College should advertise that there are opportunities for members of the public to sit on the Council. Suggestions included:

- Traditional media such as transit ads, newspaper ads, health and ethnic news, flyers, mail campaigns and new media such as Facebook, Twitter, etc.
- Making the website more engaging. Currently there is a section on "the public" not "patients." There is currently nothing interesting for patients and no education for them, only links to find a physiotherapist or complain. Too much emphasis on the public portion of the website on licensing requirements for members. People want to see practice guidelines, profiles of physiotherapists, examples of how they would go through a case. This would demonstrate professionalism in action and raise awareness on how the rules apply to them as well.
- Lunch and learn in workplaces. A large patient base is insured employees. The College could work with the insurance companies to gain access to the large workplaces and become partners in disseminating information
- Hold public seminars in gyms, community centres, places of worship, colleges and universities,

etc. and ensure it is more on education and patient rights than promoting use

- Developing a **slogan or catchphrase** that ties together patients and physiotherapists, so as to promote the idea of the patient as an active participant in their care
- Enlist a famous Canadian as a **spokesperson**, like a famous athlete, or Rick Mercer
- **Partnerships with organizations** such as Patients Canada

<u>High priority (no particular order)</u>

### iii. *Integrate activities with FHRCO*

The College should integrate more closely with the FHRCO (Federation of Regulatory Health Colleges of Ontario) and promote it to ensure its success. It is comforting and less complicated for patients when they see that all of the colleges are working together. This is a huge development that must not be understated. Once you find out about one college, you realize that there are others as well. Through FHRCO, the College can advertise that their and other Council meetings are public and that patients should join the Council as board members (most lay people members are from government). Shenda explains that while FHRCO's website is not great right now, it will be re-launched in the new year.

### iv. *Advocate for comprehensive electronic health records*

The College should advocate for comprehensive electronic health records. The Group is aware that this is not in the College's control, but with the consent of their membership they can advocate for this at the provincial level.

### v. *Seek feedback from patients on quality of care*

The College should seek feedback from patients. Patients could be made aware of an online questionnaire and their ability to submit feedback anonymously, if they so choose. The questionnaire should ask patients what they thought of their care, communicate the standards, and ask them if they were met. Other participants brought up the unscientific nature of this form of interview, because the people most likely to respond are those who are most dissatisfied or happiest with their service. Such a survey can still provide qualitative data for to assist the College in improving service delivery.

### *Further goals*

vi. The College should **increase monitoring of private multi-disciplinary clinics** to ensure that these privately-run facilities are held to a similar standard of care as they would be in the hospital context.

vii. The College should **strengthen communication between the physiotherapists and the College.** This point was contentious, as one participant felt that the College's focus is already very member-centric. Shenda explains that physiotherapists are relatively happy with the College, when compared with other health professions. The College already receives 10x the response from surveys that other Colleges get. Still, improving this relationship is always a goal.